



COVID-19 Measures and Human Dignity in Colombia: Restrictions of Fundamental Rights in Bogotá and Valle de Aburrá during the March-June 2020 Period

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ABSTRACT

The goal of this article is to analyze the impact that the regulations issued under the national lockdown declared by the Colombian government during the crisis caused by COVID-19 had on human dignity. A qualitative analysis inspired on the methodology of regulatory impact analysis was applied to secondary data extracted from publications by the World Health Organization (WHO); the national government of Colombia; the local governments of Bogotá and the municipalities included in the Metropolitan Area of the Aburra Valley; as well as to news published in relevant newspapers of the country during the episode under study. Results indicated that perceptions of legitimacy of institutions, ability to make decisions, sources of material life, social interactions, social controls, relationships to space, mental health, and controls over the body, were aspects of human dignity negatively impacted by the ruling during this episode. The main conclusion of this article is that citizens of Colombia under the ruling of biology lost many rights that the species had gained for protecting human dignity.

Keywords: infectious disease; civil and political rights; government control; democracy; political institutions.

Las medidas ante la COVID-19 y la Dignidad Humana en Colombia: Restricciones de los Derechos Humanos en Bogotá y en el Valle de Aburrá durante el periodo marzo-junio de 2020

RESUMEN

El objetivo de este artículo es analizar el impacto de las regulaciones emitidas durante la crisis nacional de aislamiento declarada por el gobierno colombiano durante la crisis ocasionada por la COVID-19 y su impacto sobre la dignidad humana. Se aplicó un análisis cualitativo inspirado en la metodología de análisis del impacto regulatorio a los datos secundarios extraídos de las publicaciones de la Organización Mundial de la Salud (OMS); el gobierno nacional de Colombia; los gobiernos locales de Bogotá y los municipios incluidos en el área Metropolitana del Valle de Aburrá; así como noticias publicadas en periódicos de alta relevancia e impacto en el país durante el fenómeno estudiado. Los resultados indican que la percepción de legitimidad de las instituciones, la habilidad de tomar decisiones, los recursos para la vida familiar, los controles sociales, las relaciones con el espacio, la salud mental y los controles sobre el cuerpo son aspectos de la dignidad humana impactados negativamente durante la legislación hecha durante el fenómeno. La conclusión principal de este artículo es que los ciudadanos de Colombia perdieron muchos derechos ganados por la especie para la protección de la dignidad humana durante la legislación y el mandato de la biología.

Palabras clave: enfermedad infecciosa; derechos políticos y civiles; control gubernamental; democracia; instituciones políticas.

Medidas ante a covid-19 e dignidade humana na Colômbia: restrições aos direitos fundamentais em Bogotá e no Valle de Aburrá entre março e junho de 2020

RESUMO

Este artigo pretende analisar o impacto da medida de quarentena nacional emitida pelo governo colombiano sobre a dignidade humana durante a crise ocasionada pela covid-19. Para isso, foi realizada uma análise qualitativa, inspirada na metodologia de análise de impacto regulatório sobre dados secundários obtidos de publicações da Organização Mundial da Saúde, do Governo Nacional da Colômbia, dos governos locais de Bogotá e dos municípios da Região Metropolitana do Valle de Aburrá, e a partir de algumas notícias publicadas nos jornais mais importantes do país durante o período de análise. Os resultados indicam que a percepção sobre a legitimidade das instituições, a capacidade de tomada de decisões, as fontes de vida material, as interações sociais, os controles sociais, as relações com o espaço, a saúde mental e os controles sobre o corpo foram aspectos da dignidade humana que se viram afetados de forma negativa pelas medidas de saúde pública adotadas durante a crise. A principal conclusão do artigo se refere a que os cidadãos colombianos perderam muitos dos direitos que tinham conquistado quanto à proteção da dignidade humana devido às medidas de controle biológico implementadas.

Keywords: doença contagiosa; direitos civis e políticos; controle governamental; democracia; instituições políticas.

INTRODUCTION

This paper is result of the research Project “Evaluación de los Sistemas de Gestión de Residuos Hospitalarios peligrosos en algunas instituciones de salud de alta complejidad en el municipio de Medellín”, implemented by three universities acting in Colombia: Facultad Nacional de Salud Pública - Universidad de Antioquia, (registered under the research group GISA), Ingeniería Ambiental - Universidad Pontificia Bolivariana (registered under the research group GIA), and Universidad de Medellín (registered under the research group CYGO). The project was funded by the Consejo Latinoamericano de Escuelas de Administración (CLADEA) and by the universities mentioned above. The author of this article was the leader of that project. That study evaluated the handling of hazardous medical waste in high complexity hospitals in the municipality of Medellín, State of Antioquia, and prescribed improvements to that process. The infectious nature of such medical waste, its impact on public health, and the interdisciplinary methodology applied that has been refined by holding a continued academic dialogue with constitutional lawyers, prepared the way for this author to discuss the impact on human dignity of measures taken to reduce the risk related to the spread of COVID-19 in Colombia.

On March 11th, 2020, the World Health Organization (WHO) declared the virus COVID-19 as a pandemic. On January 30th, 2020, the WHO had declared the outbreak of the virus a Public Health Emergency of International Concern (PHEIC). The first cases of people infected with COVID-19 were registered in Wuhan, China in December 2019. COVID-19 is the successor to SARS-CoV-1, and is part of a type of viruses that cause respiratory sicknesses in humans. It is believed that the virus jumped from bats to humans sometime in 2019, but there are no accurate records. The virus is highly contagious by tiny drops of saliva spelled out of the mouth or nose of an infected person. However, it is said that the drops are heavy and will travel one meter at the most before falling to the ground.

On March 6th, 2020, a 19-year-old Colombian woman that arrived from Italy, was registered as the first patient diagnosed with COVID-19, in the country. On March 17th, 2020, the Presidency of Colombia declared the state of economic, social, and ecologic emergency for a period of 30 days (Decreto 417, 2020b). However, as of May 26, the Presidency extended the state of emergency until the 31 of August 2020 (Resolución 844, 2020).

27 topics were regulated by the Presidency of Colombia under the declaration of the national emergency, including a general lockdown of the population instated on March 25th (Decreto 749, 2020) which was extended for 5 times (April 13th for 2 weeks, April 27th for 2 weeks, May 11th for 2 weeks, May 25th for 1 more week, June 1 for 4 more weeks) to last 98 days was it to finish on July 1st, 2020 (one of the longest any country had to endure to deal with COVID-19).

Local mayors had to handle the implementation of such presidential rulings (Decreto 457, 2020c) what resulted in a pouring out of normativity that in cities such as Bogotá included 87 norms, including a four-day quarantine drill previous to the presidential Decree 749 (2020) —that increased to 102 the number of days of isolation for inhabitants of that city—, and odd measures such as the “3X3 strategy” by which people were asked to wash their hands, hydrate, and auto-diagnose if they felt okay every three hours, and report such behavior to a local reporting system. Citizens of Bogotá endured 5.4 more categories of regulations (87 topics) than the ones advised by WHO, while citizens of Colombia endured 1.7 more (27 topics) than the ones proposed by the WHO (16 topics).

The problems discussed here included the lack of coherence in regulations and technical guidelines enforced by different levels of political power such as the WHO, the national government, and the local governments of Bogotá and the Aburrá Valley; a lack of coordination between functionaries of the same level such as mayors of distinct counties that are part of the same metropolitan area; and ambiguity in information about the exact nature of the problem and the effectiveness of measures taken to solve it, that reduced legitimacy of such restrains as perceived by citizens which were expected to obey or pay for disobedience (named as social indiscipline by rulers). Taken as a whole, the above practices could be valued as contrary to human dignity, as for their breadth and depth of intervention in individual existence, they overcame any capacity of people to make sense of their daily life.

Consequently, the goal of this paper is to analyze the impact of the regulations issued under the national lockdown, justified by the risk to public health posed by COVID-19, on the freedom, the autonomy, the physical and spiritual integrity, and the material conditions of existence of Colombian citizens (all key components of human dignity).

An impact analysis was conducted based on secondary information published on institutional websites and newspapers about decisions made by the WHO, the Presidency of Colombia, the ministries of Colombia, and the mayors of Bogotá (the capital city of Colombia), and of the 10 municipalities that make part of the Metropolitan Area of the Aburrá Valley. Information was collected, ordered chronologically, compared, and analyzed to conclude about the relative power of decision-makers, coherence of normativity, integrity of information, implications on the life and well-being of individuals, and reactions of citizens to such regulations. The conceptual framework applied included theories of human dignity (Mendieta & Tobón, 2018), bio-power and medicalization (Cassell, 1998; Foucault *et al.*, 2008), decision making under conditions of ambiguity (Feldman & March, 1981; Feldman, 1991; Alvesson, 1993; Gummer, 1998), cyberspace and socialization (Smith & Kollock, 1999; Cohen, 2007; Molina-Betancur *et al.*, 2018), and personal income and well-being (Syrén *et al.*, 2020). All the above

theories supported the conclusions about the impact of these regulations on the human dignity of Colombian citizens.

This paper is structured as follows: First, the role and behavior of key decision-makers will be profiled. Second, the nature of the problem will be discussed. Third, the social and cultural circumstances of the situation will be unveiled. Finally, the impact on human dignity will be assessed.

1. KEY DECISION MAKERS

Three actors played a key role in this ruling. The World Health Organization (WHO), the national government represented by the Presidency of Colombia and its ministries, and the local government represented by the mayors of each municipality.

1.1. World Health Organization (WHO)

The WHO is the specialized agency of the United Nations that cares for international public health. Currently, 194 states are members of the organization, including states associated with United Nations, states that obtained a majority vote for their application, or territories whose applications were presented by whoever was responsible for their international relations. The webpage of the WHO speaks of "recommendations" which would imply advice on public health procedures. However, somewhere else in the same webpage it is stated that: "WHO's strategic vision, set out in The Twelfth General Program of Work of WHO (2014), specifies that in its *normative and standard-setting* work, WHO is and will remain a science- and evidence-based organization with a focus on public health" (WHO, 2020a). In other words, the guidelines developed by WHO are standards (normative) to be followed by countries that decide to act on the problem.

Besides declaring the virus as a Public Health Emergency Concern and later as a pandemic, the WHO developed standards grouped in 16 topics related to national health systems (5), people behavior (6), and medical care (5); critical preparedness, readiness, and response actions for COVID-19; country-level coordination, planning, and monitoring; maintaining essential health services and systems; essential resource planning; national laboratories; risk for communication and community engagement; guidance for schools, workplaces, and institutions; humanitarian operations, camps, refugees/migrants in non-camps, and other fragile settings; points of entry/mass gatherings; infection prevention and control: wash; virus origins/reducing animal-human transmissions; coronavirus disease (COVID-19) technical guidance; surveillance and case definitions; health workers; clinical care; naming the Coronavirus disease (COVID-19); and The Unity Studies: Early investigations protocols (WHO, 2019). Specific public health measures aimed at hand hygiene, respiratory etiquette, and practicing social distancing. The WHO acted as the global authority ruling and coordinating actions related to the pandemic of COVID-19. Its ruling was defined as legitimate because it

was scientific and dealt with the risk of death talking to the most primal instinct of any living creature, *i. e.* survival instinct.

1.2 Presidency of Colombia

It is the constitutional duty of the authorities of Colombia “to protect all individuals residing in Colombia, in their life, honor, property, beliefs, and other rights and freedoms, and to ensure the fulfillment of the social duties of the State and individuals” (Const., 1991b, Art. 2). Consequently, with this and other justifications, on March 17th, 2020, the president declared the state of economic, social, and ecological emergency for 30 days (Decreto 417, 2020b). However, the emergency was extended until August 31st, 2020 (Resolución 844, 2020).

Under the state of emergency, 27 topics (101 decrees) were ruled about elders, children, social assistance, education, culture, health, sports, economy, small companies, employment, immigration, justice, military, housing, utilities, fuel, telecommunications, transportation, borders, lockdown, airports, agriculture, banking, tourism, science, Foreign Office, and Attorney General’s Office (Presidencia de Colombia, 2020a). The implementation of interventions concerning collective or individual behaviors was delegated to local administrations (Decreto 457, 2020c).

1.3 Local Government (Mayors)

Colombian mayors are elected since 1986 (Acto Legislativo 1, 1986). There are 1103 municipalities in Colombia. The largest cities in the country are Bogotá, Medellín, Cali, and Barranquilla. The most recent election of mayors was on October 27, 2019. Medellín is one of ten (10) municipalities in the Metropolitan Area of the Aburra Valley.

In Bogotá, 87 norms were issued during the COVID-19 emergency (Alcaldía de Bogotá, 2020). In Medellín, 50 norms were issued from March 17th, when the public calamity was declared, until May 31st (Alcaldía de Medellín, 2020). Norms could be grouped into topics related to public management and relationship to citizen (e-government); decision making; social control; public and private space control; biosafety protocols about hand washing, respiratory etiquette, and social distancing; mental health; social interaction (including gatherings, visits, curfews, and mobility); and economic activity. Coordination between levels was poor as relationships between some mayors and Presidency were controversial, and those between mayors of the same metropolitan were not in agreement. Some mobility norms were broadcasted a few hours before they were enforced by policy giving no time for people to know what they should do. In Bogotá and the metropolitan area of Medellín, strict digital control systems were imposed that collected personal information to restrain mobility. Medical intimacy disappeared as body-related data, such as temperature or cold symptoms,

were declared on the road by private security employees, law enforcement officers, employers, or neighbors.

The analysis of decision-makers reveals the preponderancy of what Foucault and others called 'bio-power and medicalization' by which political powers aim to control human bodies (Cassell, 1998; Foucault *et al.*, 2008). It is the fear of death and the call to the primal instinct of survival that legitimized all international, national, and local ruling during the pandemic episode. Countries put aside their democratic systems to rule by decree without any control, and no wonder some extended the lockdown beyond reasonable limits to keep the powers taken during the emergency.

The nominal structure of this new power was based on to the larger number of population from the international to the local (figure 1), however, the impact on people's life (human dignity) grew inversely with local powers ruling over very detailed, specific, and private matters of human life (figure 2). Groups of people (like elders and children under 6) were singled out with inexplicable measures that forced their enclosure at home. Also, economic activities were stigmatized because of the social nature of their consumption (among others, entertainment, culture, and mortuary). Power, although being centralized, gained in strength and abuse as it became closer to the bodies of citizens. For instance, while the WHO recommended on respiratory etiquette, hand washing, and social distancing, when that recommendation got to the municipal level, it became a set of rules on wearing masks everywhere all the time, keeping two meters of distance from anyone around, getting hands soaked with anti-bacterial soap by the police, and enforcing curfews in disobedient population by the military. The nature and the number of rules worsen in their way down to the local settings, a situation named "prohibition-*philia*" on the part of mayors by some authors.

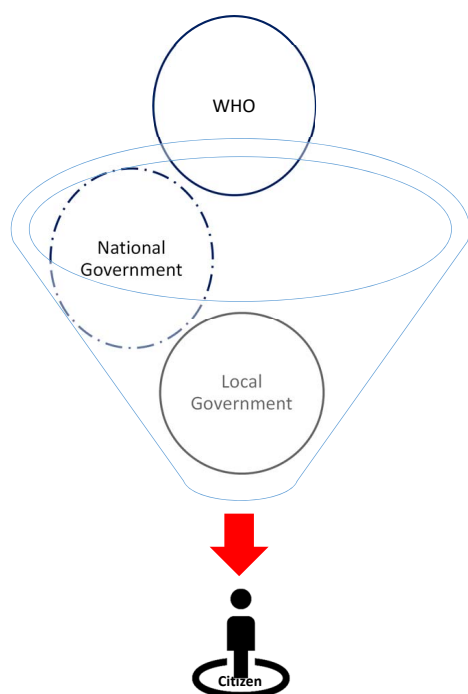


Figure 1. Power Structure under COVID-19

Source: Prepared by the author.

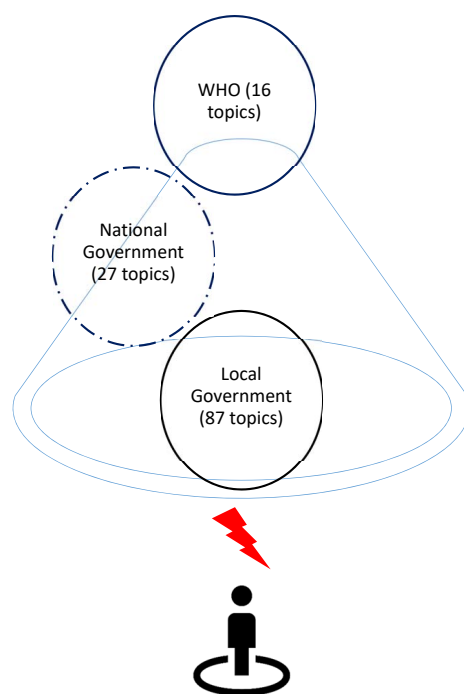


Figure 2. Degree of ruling under COVID-19

Source: Prepared by the author.

2. COVID-19 AS AN AMBIGUOUS PROBLEM

A problem is ambiguous when there is not a clear relationship between means and ends; when interpretations bring to unsolvable contradictions between actors; when there are neither clear boundaries nor solutions to it; or when the state of knowledge is in the phase of exploration. In other words, a situation is ambiguous when involved stakeholders do not know what they are dealing with, and cannot prescribe rational, much less certain ways of action. If the problem implies danger, the higher the stakes, and the more pressured the decision-makers are to do something, and that is the time when myths and magic take place as the cognitive framework for problem-solving (Meyer & Rowan, 1977; Feldman, 1991; Meyerson, 1991; Alvesson, 1993).

What we knew about COVID-19 is that it was a virus derived from the Coronavirus family of viruses, which caused respiratory infections that could be as mild as a common cold, or as bad as an acute respiratory distress syndrome (ARDS). Not all infected people died: As a matter of fact, very few required hospitalization and even less needed life support. A vaccine or medication did not exist, and the infection was

highly contagious by droplets of saliva from infected people (that could be asymptomatic). It is said that these droplets were heavy and might travel up to one meter, and could survive on surfaces for some time while making transmission highly probable.

The problem that was being confronted was how to reduce the rapid growth in the rate of contagion. The solution was aimed to reduce the probability that demand for ventilators exceeded the installed capacity of those machines in a region. Reducing the rate of contagion required measures already applied in human history and that, one would expect, had evolved with modern advances in technology, such as social distancing, washing of hands, and adopting some respiratory etiquette —covering the mouth and nose with tissues, bent elbow, or a mask when coughing or sneezing— (WHO, 2020b).

In other words, either you reduced the number of people requiring ventilators, or you increased the number of machines. Isolating the population (in many cases under curfew and military control) was not a sustainable measure because once you allowed people to leave, the rate of contagion would increase as rapidly as socialization increased (Valenti-Randi, 2020). Some measures taken by politicians were not only useless but abusive, because they did not solve the problem or its symptoms. Calling to social discipline understood as blind obedience to absurd measures was tyranny, because what did it have to do driving your vehicle with reducing the rate of contagion? (Redacción Motor, 2020) Why to enforce a distancing of two meters instead of one? (Resolución 898, 2020) Why did they impose a curfew and prohibition to sell and consume alcohol on Mother's Day? (El Tiempo-Medellín, 2020b) Why did people had to be taken temperature in public and had to give away their personal information to the "Big Brother" designed by the mayors of Bogotá and Medellín? (Rojas-Castañeda, 2020c, 2020d) Who said that whoever sneezed, coughed, had a headache, or any other symptom of having a regular cold or an allergy, was suspicious of being infected with COVID-19 and had to be reported by his employer to the government? (Bogotá, 2020) Where did it say that you could not use the public transportation system unless your employer allowed you to, and at certain hours? (Estrada-Ramírez, 2020) These, among other similar norms, did not reduce the rate of contagion as evidenced by information monitored by the WHO, that showed that the rate of contagion grew during the period (WHO, 2020d) but became a social control exercise that infringed upon human dignity.

3. SOCIAL AND CULTURAL ENVIRONMENT

That viruses have been around for as long as life in the planet exists is a fact of common knowledge (Wessner, 2010), same as pandemics (Hays, 2005). So, what is different about COVID-19? It is not a scientific answer as much as a commercial one, called *globalization*: It is because of it that infected people moved to other countries easily and spread the virus there. It was because of globalized interconnected media that the news spread like fire. It was because of a sensationalist broadcasting that resembled a

transmission of scores in the Olympic Games that fear of death got installed in human minds. Finally, it was because of political opportunism that mandataries locked their populations down, not knowing under what conditions they were going to release them from that quarantine.

Public health enforced standards trampled worldwide cultural differences down. It was not the same to impose a social distancing of two meters in Latin America than to impose it in Scandinavia, because corporal proximity is different in both societies. It was not the same either to impose isolation in ego-centered cultures, where people enjoy being alone, than in collectivistic ones that value company and life in groups. Likewise, it was not the same to confine working women than to confine working males. Women brought home their work and the long tradition that put upon their shoulders the domestic burden of caring for everyone else but themselves.

The economic situation was worth debating also: Confinement was not lived equally by poor people than by middle or high-class people. A lockdown of the poorest population that had not public assistance, or means to survive, created a risk of starvation (Agencia EFE, 2020; El Tiempo, 2020). The lockdown had an impoverishment effect on the middle-class. It is why it was described as an elitist choice (Escobar, 2020). The lockdown destroyed indicators of development in countries that were already underdeveloped. Economies would take decades to recover if they ever did.

As for the social standing, age appeared as a new category of segregation. Because “we had to take care of our grandparents” (people over 70), we decided that it is in their best interest not to leave their house until further notice” (Duque, 2020a). It was a very controversial rule that violated the autonomy of people over 70 by treating them as children incapable of self-determination. Also, prohibiting gatherings of more than 50 people forced religious and cultural life to end as known, affecting the mental health of those who found in their practice a release from anguish (Isaza-Giraldo, 2020). Even more, home telecommuting invaded privacy as employers forced employees to turn on their cameras, and the insurance companies that covered work-related accidents enforced a COVID-19 cleaning protocol of the space of work—which happened to be the home of the teleworker— (Ministerio de Salud y Protección Social, 2020b; 2020d), and the list went on and on about the negative impacts of COVID-19 related decisions on human rights.

4. IMPACT ON HUMAN DIGNITY

A detailed analysis of the news, briefings, norms or protocols posted by the WHO, the Presidency of Colombia, the municipalities of Bogotá, and the Metropolitan Area of the Aburrá Valley, plus of the news published by the newspapers *El Tiempo*, *El Colombiano*, *El Espectador*, and *Semana* magazine, since the declaration of national emergency on March 17th, 2020, and until June 2nd, 2020, was applied to document and categorize events that impacted on human dignity during the COVID-19 crisis.

Human dignity is related to at least three areas of human existence: autonomy to choose how to live your life; access to sufficient material goods to live a decent existence; and physical and spiritual well-being (Mendieta & Tobón, 2018). Norms and standards imposed with occasion of the international pandemic COVID-19 negatively impacted on human dignity because they drastically restrained the choices of the way of living by individuals; they dispossessed of material means of existence to those who had lost their jobs or their businesses, as well as worsened the already precarious situation of those who had nothing. And mainly, they imposed an international bio-power that, through global medicalization and fear of death, enforced biosafety protocols that standardized physical and spiritual behavior without consideration for cultural differences that made humankind a diverse species. The details of the effects of such measures on specific aspects of human life will be analyzed next.

4.1 Democratic Legitimacy

The state of emergency declared by the president on March 17th allowed him to make decisions that did not have to undergo constitutional control. The decision making process under the state of emergency impacted on how citizens perceive the legitimacy of a Colombian government that, in Art. 1 of its fundamental principles, states the following:

Colombia is a social state under the rule of law, organized in the form of a unitary republic, decentralized, with autonomy of its territorial units, democratic, participatory, and pluralistic, based on the respect of human dignity, the work and solidarity of the individuals who belong to it, and the prevalence of the general interest. (Const., 1991a)

The above is the very definition of a liberal democracy as a system of government ruled by people, where the exercise of power is subordinated to the legal system, people have equal protection under the law, and basic rights such as liberty of speech, assembly, religion, and property are guaranteed (Berman, 2017) was broken (Santos & Torregroza, 2020), as evidenced by events that will be discussed next.

On March 20th, 2020, the address by the president of Colombia to install the national lockdown, started by listing the medical personnel and their credentials:

Tonight, Dr. Carlos Álvarez, outstanding professor at the National University of Colombia and outstanding epidemiologist and infectious disease is with us. We are accompanied also by Dra. Yolanda Vallejo, from the Colombian Association of Nursing Faculties (Acofaen); the Dr. María Fernanda Atuesta, President of the Colombian Dental Federation; The Dr. Gustavo Quintero, President of the Colombian Association of Faculties of Medicine; The Dr. César Burgos, President of the Colombian Association of Scientific Societies; The Dr. Carlos Jurado, Director of the ANDI Chamber of Health; The Dr. German Esguerra, President of the National Academy of Medicine, and Dr. Gina Tambini, representative in Colombia of the Pan American Health Organization (Duque, 2020b).

Since then, the Ministry of Health was invoked as the authority making the COVID-19 most critical decisions. Next, in a display of religious beliefs, the president summoned Virgin Mary for help (Caballero, 2020; El Tiempo - Justicia, 2020), to which other functionaries followed in their invocations to the saints of their likes.

The Decree 457 of 2020c (Art. 2) authorized mayors to define the details of the execution of orders issued by the pr and even to make changes as far as they informed the president. Since then, these officials initiated an amazing campaign of social control, never seen before. Under threat, they took private information from people (Nación, 2020a), they imposed curfews guarded by the military on neighborhoods (Nación, 2020b; García-Altamar, 2020), they decided what "social indiscipline" meant, and acted accordingly. Once the president empowered these mayors, they run free of chains, and some of them directly confronted presidential authority (Neira, 2020).

As a consequence, municipalities run loose, not even coordinating with others that were part of the same metropolitan area. For instance, closing frontiers to the entrance of any "foreigner" neighbor across the street (Redacción Gente, 2020), imposing curfews in neighborhoods and enforcing it with the force of the military (Nación, 2020b; García-Altamar, 2020), making the criteria for going out dynamic and distinct so families and friends could not meet in any case, creating information systems in alliance with multinational companies such as Google and granting them permission to run a pilot for social control (Osorio-Zuluaga, 2020), closing farmer's markets (Matta-Colorado, 2020; L. Vega, 2020), deciding that anyone with symptoms of having a cold was suspicious of being infected and had to be reported by his employer or his neighbors (El Tiempo-Bogotá, 2020a), prohibiting the use of cars, regulating the interior life of residential units (Diario AS Colombia, 2020), even threatening with entering homes to ensure obedience to specific rules (Bayer-Yepes, 2020)

As for the public administration, at the local level there was an uncoordinated capricious explosion of norms that had nothing to do with controlling the contagion of COVID-19. Law enforcement and the military were dedicated to restraining access to or exit from places, verifying the fulfillment of conditions to walk out, imposing fines for not obeying restrictions (US\$ 251, higher than the minimum wage), measuring temperature, and spreading alcohol-based hand rub on pedestrians, or enforcing a social distancing of no less than two meters between those waiting in line. Meanwhile, law and justice, any interaction with the citizens, and all public projects were closed. Although some few negotiations used e-government, critical meetings such as online Congress and House of Representatives sessions made decisions that had no legal implications (Política, 2020; Semana - Justicia, 2020b; Semana - Justicia, 2020a)

As a result of the above, the lockdown aggravated already critical problems of underdevelopment such as inequality, poverty, unemployment, crime, corruption, and abuse (Escobar, 2020). Besides unemployment, there was an impoverishment of work in

cases such as that of enforcing of medical personnel to work, in a clear contravention to human rights (Decreto 538, 2020d; Unidad de Salud, 2020a). Also, new categories of collective behaviors were named as "social indiscipline" and used to impose curfews on entire neighborhoods (Nación, 2020b).

The director of the WHO stated "This virus can wreak havoc. It is more than any terrorist attack. It can bring political, economic, and social upheavals" (WHO, 2020c). In Colombia, the measures taken to control the spread of the virus brought hard political distress that weakened the legitimacy of its democratic institutions in the eyes of the community. The first principle of the Constitution was broken, and the country could not go on like this because no one understood how the political situation became a resemblance of the ancient-ages. Neither virgin nor saint, and surely no physician, is going to restore the democratic state. The Presidency should regain control and restore constitutional ruling, or else the country would run into a political limbo that was a very dangerous situation risking anarchy.

4.2 Decision Making

Because living is about making choices, anything that affected the quality of decision making also affected daily living and human dignity. COVID-19 was an ambiguous problem as the WHO organization published "the situation is uncertain" and it was, with no cure and no effective treatment and with the technical authority (standards) of the WHO being contested by powerful actors. Evidences of how personal decision making was impeded in Colombia during this period of the emergency are presented next.

Because no institution understood the problem in the planet (there was no cure or treatment), decisions were made by trial and error with the WHO organization stating that the situation was uncertain, with several powerful leaders contesting WHO's standards, with national leaders summoning the saints and virgin Mary to do something, with local rulers in a frantic release of incoherent demands, with collective and individual punishments for infringement, and with tons of data coming from diverse sources and presented in a panic button type of continuous red alerts (Amat, 2020; Castillo-Cardona, 2020). Decision making was completely uncertain, and fear of death was the primal terror reigning over daily life.

In many occasions, the technical nature of the data released made the information incomprehensible for a regular audience. This information usually started with the words "scientific studies revealed that", evidencing how science technocrats were in charge. However, the reliability of their data was not assured. There existed a battle of narratives, decisions, and actions: who was responsible, what was the cure, what to do, how to go about preventing it, how long would it take. There were divergent official theories, denial theories, conspiracy theories, and false news that covered the whole spectrum of useless remedies to the problem (Ochoa, 2020; Hofstetter, 2020).

Also, communication styles applied to the advertisement of sporting spectacles were replicated to broadcast epidemiologic information about comparative morbidity and mortality rates by COVID-19 (Marías, 2020).

In the Metropolitan Area of Medellín there was an uncoordinated ruling for authorizations to transit based on diverse conflicting criteria. Also, enclosed municipalities separated relatives creating confusing conditions of daily living (nothing to be taken for granted) because such criteria changed weekly for each neighbor municipality (El Tiempo - Medellín, 2020a). "Big Brother" style of overseeing digital systems were implemented by local governments. For instance, on April 5th, 2020, the mayor of Medellín, Daniel Quintero, implemented an information system to control the contagion of COVID-19. On May 31st, the mayor of Bogotá, Claudia Lopez, did the same, and in Cali one of such systems was also released in May 2020. The system in Medellín requested personal, family, or company data such as identification, address, telephone number, career, description of the type of utilities used (including contract number to cross-reference with records of the provider company), plus detailed information regarding individual and family medical condition (Botero *et al.*, 2020; Tettay De Fex, 2020). This information was broadly distributed, without consent, to other citizens to alert about proximity to COVID-19 suspects of being infected —defined as anyone with symptoms of having a regular cold or an allergy— (El Tiempo - Bogotá, 2020c; Zambrano-Benavides, 2020). The system of Bogotá also forced people to justify why they left their residencies, to provide details of their movements and means of transportation used (El Tiempo-Bogotá, 2020c). In June, the national government launched an inquiry to ascertain whether there were any loopholes in data protection laws in Bogotá, Medellín, and Cali (El Tiempo-Unidad Investigativa, 2020b, Rojas-Castañeda, 2020d).

Because of the uncertainty of the problem, the national situation with regards to decision making was not rare (Sharma & Bashir, 2020), but it was a illustrative case of a global reality that eroded the sense of personal security during the pandemic.

4.3 Economy

The economy brings together buyers and sellers of goods and services and the supply of money used for such transaction (Boyes & Melvin, 2010).

The lockdown in Colombia included the closedown of all services and most manufactures, with the exception of grocery stores, freight transport, medical attention, pharmacies, banking, law enforcement, private security, food supply and distribution, and housekeeping (Decreto 457, 2020c). As a consequence, according to the Departamento Administrativo Nacional de Estadística - DANE (2020), the unemployment rate grew to levels of 15 years before: 19.8 % during April 2020, from 12.6% during March 2020 (7.2 points in a month of confinement and growing as the lockdown was extended

until the end of June 2020). Until April 28th it was estimated that about 70,000 formal employments were lost (González-Bell, 2020) and several companies, including two airlines, had filed for bankruptcy.

Furthermore, in Colombia, for February 2020 the informal employment amounted to 47.9% of total employment. This population suddenly and unexpectedly lost all sources of income, thus increasing their already high vulnerability. For instance, in June, 13 children from this population starved to death in Cali (El Tiempo, 2020). That is why people say that the confinement measure was an elitist decision that impacted differently on human dignity, as it took away all material means of survival of the poorest and impoverished the middle-class. Besides, when starving people went out of confinement to get some resources to bring food on their table, they were penalized for the crime of "social indiscipline" with a fine that amounted to US \$ 251 (larger than the minimum wage at the time). Institutional help translated in giving away groceries as a sign of charity.

Taxes had to be paid —and even prepaid—, for the coming year, 2021. Costs of utilities were raising with a dubious billing that charged based on the average of payments during the last six months (even for closed stores). Also, a suspension of all eviction actions was decided until June 30th, and a call for agreements of suspension of rent payments was issued (Decreto 579, 2020).

Entrepreneurs had to change their business models because, even when authorized to open for business, they could only attend clients up to 30% percent of their installed capacity, and under full compliance of very restrictive biosafety guidelines. The recommendation was to go online, to domiciliary attention, or to take-away offerings.

The telecommunications and the domiciliary businesses flourished, raising their prices as they became critical for survival. The downfall of many small and medium companies brought about abuses over labor with long extra hours on-line, home telecommuting and invasion to privacy (some people were forced to stay connected with the camera on, forced to clean their space of work following a specific protocol, forced to look professional, forced to show a business-like environment), while some others were illegally forced to physically stay at the place of work during the duration of the quarantine. (Redacción El Espectador, 2020)

4.4 Social Interaction

At the general level of analysis, the isolation of people destroys the social fabric that is necessary to create a nation out of a State (Lemay-Hébert, 2009). At the individual level of analysis, it is the affirmation of interactions in the ordinary life of a person that gives meaning to his life (Taylor, 1989). The events that affected social interaction will be described next.

The mandatory confinement declared by the Colombian government prohibited social gatherings of any kind, even visits (Rojas-Castañeda, 2020b), and people could not handshake, kiss, or hug (Semana - Comportamiento, 2020). Any socialization moved to cyberspace, with social events such as funerals, classes, Holly Week, weddings, concerts, sports, and parties prohibited and going online (Restrepo, 2020b; Restrepo, 2020a). Isolation was the aim of the norm with the implications of such a measure over the social health of the communities and the mental health of individuals with consequences as, for example, an increase in domestic violence (Semana - Nación, 2020).

Local governments restrained mobility in their own way. For instance, in Bogotá, different genders could go out alternatively in different days (Semana - Bogotá, 2020) while in the metropolitan area of Medellín people could go out according to the authorized last numbers of their identifications (from 2 up to 4 different digits per day). The problem was that the listings of numbers were different in each municipality of the metropolitan area and the listing changed each week.

When out, people had to stay in line at first with one meter of distance between individuals, and later with two meters of distance between individuals (Ortiz, 2020). People that violated those rules were punished either individually with a fine of US \$ 251 (Ortiz-Jiménez, 2020), or collectively with curfews enforced by the military over entire neighborhoods (Nación, 2020b; Garcia-Altamar, 2020). Families under economic stress put a red rag on their windows asking for help (Zambrano-Benavides, 2020) and for voluntaries that collected food to give away as a gesture of solidarity. However, charity is not a sustainable solution, as it does not last long. Volunteers helped elders in need of assistance, because people over 70 were prohibited to leave their homes at any time (Duque, 2020a). However, dogs could leave twice a day (Febres-Cordero, 2020), so some people adopted dogs as a passport. Adopting social distancing implied that any attempt to get together was restricted, a condition that had very harmful social and mental consequences (Noguera, 2020).

4.5 Social Control

Social control is the study of the mechanisms, in the form of patterns of pressure, through which society maintains social order and cohesion. These mechanisms establish and enforce a standard of behavior for members of a society and include a variety of components, such as shame, coercion, force, restraint, and persuasion. (Carmichael, 2014).

The following is a review of social control mechanisms applied during the obligatory confinement declared by the Colombian government from March 24th to June 30th, 2020.

The lockdown itself was a control measure to avoid people to socialize in any type of gatherings. Next, the use of the law enforcement agencies to impose decisions that did not go through constitutional control was a clear abuse of human rights on the

part of the State. Also, administrative infringements were stated in practice that came out of the executive system, instead of the legislative system, such as those of social and personal disobedience —indiscipline— (Vega, 2020).

Furthermore, criteria to grant permission to leave based on the number of identification or gender were restrictions determined to control people on the street (Semana-Bogotá, 2020), accompanied by changing conditions in the same metropolitan area as ways to ensure that neighbors, family, or friends did not socialize. Also, punishment of neighborhoods, municipalities, or cities with curfews enforced by the military was a governmental control of what they called "social indiscipline". The mandatory reporting of information to digital control systems imposed by mayors was a social control strategy over wide layers of the population (Restrepo, 2020c; Baptiste, 2020; Semana - Reportaje, 2020), advancing to bizarre "strategies" such as the one promoted by the mayor of Bogotá of hydrating, washing hands, and reviewing medical symptoms every three hours, and reporting to her as a method of individual control (Vanguardia, 2020).

At a more personal level, fines imposed on those that violated restrictions were an economic way to control disobedience (Ortiz-Jiménez, 2020). Personalized restrictions based on age, such as prohibition for elders over 70 ("grandpas" as the president labeled them) or children under 6 to leave their homes was another social control making them vulnerable by decree (Duque, 2020a). All reinforced by neighbors reporting reunions to the police (Unidad de Salud, 2020b), or attacking medical personnel (Rojas-Castañeda, 2020a). All of the above established an inadequate scenery for community, family, or relationship building.

4.6 Space Relationships

For Aristotle, space was a boundless, three-dimensional extent, in which objects and events occurred and have relative position and direction (Saunders, 1997). Place, on the other hand, is an inhabited space where people have imprinted memories of moments of shared social life (Whyte, 1980).

The lockdown emptied space of place. It was like if the Neutron Bomb was dropped over Colombian buildings, roads, bridges, and spaces emptied of people. Any place where people could gather was restrained from human beings. "Where two or more gather on my name" was a promise deleted from the Christian Bible, because no gatherings were allowed. At the same time, private spaces were invaded by home telecommuting, now enforced by the circumstances. How you looked before the camera for your peers in cyberspace, what your decorations or your personal belongings portrayed of you, how you cleaned your place of work: All of these were intrusively determined by whoever was inside the digital box, bossing you around. Cyberspace became the only space, and the telecommunication infrastructure became the more

sensitive and critical national resource. However, making cyberspace into a place has not happened yet.

Administrators of residential units decided on their own that non-residents could not enter. Mayors decided that some places were to be heavily guarded with their access restricted, based on some criteria of exclusion. Those places included private premises such as grocery stores and farmer markets, as well as public places such as public transportation systems. Municipalities closed frontiers under capricious determinations of local governments. People could not move from one county to another. Going out of the city was forbidden. Transportation between municipalities was stopped. Personal cars could not run. Flights were canceled between cities and countries.

The lockdown was universal and concentric, starting from the house and broadening to the country. To get into the metro, employers had to grant people permission, and only with authentication they could enter the system —and only at specific hours—. The Mayor of Bogota attempted to force people to inform the municipality of their specific movements into the city, the justification for that movement, and the transportation means used. It was an illegal move, of course, but she did not care, as mayors very quickly got used to enforce all kinds of restrictions without any political control. She even ordered groups with special mobility authorizations, such as medical and security personnel, to get a mobility passport issued by the municipality.

When borders were closed, some Colombians were caught in regions away from home, in foreign countries, or at sea in cruises that could not arrive in any port and had to be rescued. Also, some foreigners were stopped in Colombia. Other issues happened that affected space and life, such as the restriction of filling public transportation systems to at most 35% of its capacity, posting sanitary controls on the road, dealing with inmates and potential infection and, more than anything else, using balconies to socialize.

4.7 Mental Health

"Mental health implies a sense of well-being, self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential" (WHO & Murthy, 2001).

Isolation; loneliness; uncertainty; ambiguity; perception of no-future; overwork; an effort to feel useful, even when not knowing exactly what to do; powerlessness; overdose in bad news; hard daily mental efforts just to feel normal; feeling guilty of being depressed (Cifuentes-Avellaneda et al., 2020); having no one to hug, kiss, or visit (Semana - Comportamiento, 2020); attachment to cyberspace (Semana, 2020), using unknown meeting support applications and trying to appear capable (Semana - Mundo, 2020); trying to fulfill expectations that no one understood well enough; fearing contagion or death (El Tiempo - Unidad de Salud, 2020); forgetting to wear the

elements of personal protection (El Tiempo - Unidad Investigativa, 2020a); not knowing which of them was useful, for what, how to use them or where to get them; losing loved ones and not being able to mourn them properly (Ministerio de Salud y Protección Social, 2020c). That, and feeling under continuous scrutiny, was life under coronavirus.

Who could have mental health when the neighbors, or someone else they knew, committed suicide (Ramírez-Gil, 2020), when their income was at stake (Dinero-Desempleo, 2020), when their children were at home all the time and they had to assume the role of teachers while also doing their job, besides the cleaning and cooking, and having no time for resting? (Semana - Especiales, 2020) That was the overburden of physical, spiritual, and emotional life under coronavirus. And finally, who could feel mentally sane when others were making people vulnerable by decree, and assuming them stupid to the point that they were imprisoned because of age? (Gutiérrez, 2020)

4.8 Body Control [T3]

Bio-power is "an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations" (Foucault, 1998, p. 140). If anything, the COVID-19 crisis has been handled by applying the power of the State over of the body of citizens and under the justification of the well-being of it. A justification that excuses any type of abuse on individuals, as well as on groups.

The human body is the first circle of place in human life. The body is a key element of human dignity to the point that for several religions it is sacred. Measures taken that violated the integrity of the body included temperature measurement by the authorities, the spreading of alcohol-based soap on the hands by security guards, the recording and publicizing of medical individual and familiar information to anyone around without consent, the reporting of cold or allergy symptoms to the local government by employers, and the biosecurity guidance that was of mandatory compliance for all. Violating the autonomy of the body was the lockdown that forced elders over 70 and children under 6 to not be able to put a foot outside their homes, while pets could go out twice a day.

Democratic legitimacy, decision making, economy, social interaction, social control, space relationships, mental health, and body control were categories that emerged from the analysis of normativity issued by the international, the national, and the local governments, and of the news published in the more important newspapers of the country. The eight aspects impacted on the daily living of confined Colombian citizens severely impacting on their human dignity are described in figure 3.

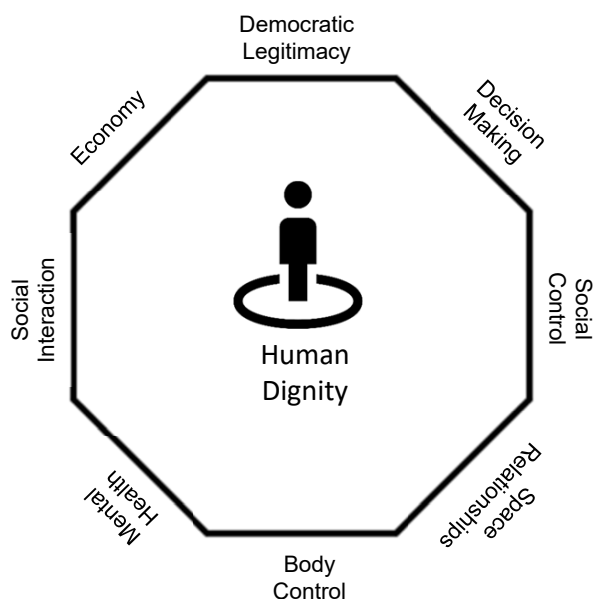


Figure 3. Aspects impacting human dignity of Colombian citizens under confinement for COVID-19

Source: Prepared by the author.

However abusive the measures taken, people resisted by partying on the streets, by voicing their disagreement with being treated as incapable of self-determination (The Gray Hair Rebellion of influencers 70+ years old against their confinement), by visiting loved ones, by using someone else's identifications to leave, by adopting dogs as passports to go out, by getting registered as employees to get into the transportation systems, and by filing suits for protection against the local governors and their information systems.

CONCLUSIONS

The question asked by this paper was how measures taken by authorities under the national lockdown, imposed under the crisis of COVID-19, impacted on the human dignity of Colombians. Consequently, the goal was to analyze the impact that the regulations issued under the lockdown had on the freedom, the autonomy, the physical and spiritual integrity, and the material conditions of existence of Colombian citizens.

Answers to this question came from applying a qualitative analysis inspired on the methodology of Regulatory Impact Analysis, a systemic approach addressed to critically assess the effects of regulations in achieving its intended objectives (Organisation for Economic Co-operation and Development - OECD, 2015). Secondary information was extracted and analyzed from publications by the WHO, the national government of

Colombia, the local governments of Bogota (the capital city) and the municipalities included in the Metropolitan Area of the Aburra Valley, as well as from news published in relevant media of the country during the episode under study.

Results showed that the declared state of emergency put the exercise of power out of the control of the people, represented by the Constitution. Under such state of emergency, basic rights such as the liberty of assembly, the exercise of religion, the equal protection under the law without discrimination based on criteria such as age, and liberties of mobility, privacy, and control over the own body were violated. The perception of safety as the right to have economic and social security was distorted, same as the very fabric of identity represented in social interaction, relationships to vital spaces, and ability to make effective decisions. Mental, social, political, and economic health were affected under the excuse of caring for physical health. The political treatment of the COVID-19 emergency became an abusive guardianship as the decisions were made by powers beyond control of the citizens of Colombia, thus configuring a gross violation of their human dignity.

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